

**Request for Certification of
Military or Naval Service****INSTRUCTIONS**

(Please tear off this sheet before submitting request)
(SUBMIT IN TRIPLICATE)

Please use typewriter or print in block letters with ball-point pen, using black ink. Be sure this application and the complete return address are legible. Do not leave any questions unanswered. When appropriate insert "none" or "not applicable."

Authority for collection of the information requested on this form is contained in Sections 328 and 329 of the Immigration and Nationality Act of 1952 (8 U.S.C. 1439 and 1440). Submission of the information is voluntary. If your Social Security number requested on the form is not provided, no right, benefit or privilege will be denied for such failure. However, as military records are indexed by such numbers, verification of your military service may prove difficult. The principal purpose for soliciting the information is to secure a duly authenticated certification of honorable active duty service from the executive department under which the petitioner served or is serving to satisfy statutory requirements for naturalization. All or part of the information solicited may, as a matter of routine use, be disclosed to courts exercising naturalization jurisdiction and to other Federal, state, local and foreign law enforcement and regulatory agencies, Department of Defense, including any component thereof, Selective Service System, Department of State, Department of the Treasury, Central Intelligence Agency, Interpol and individuals and organizations that process the application or petition for naturalization, or during the courses of investigation, to elicit further information required by the Immigration and Naturalization Service to carry out its functions. Information solicited that indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature, may be referred as a routine use to the appropriate agency, whether Federal, state, local or foreign, charged with the responsibility of investigating, enforcing or prosecuting such violations. Failure to provide any or all of the solicited information may delay the naturalization process or result in a failure to locate military records or prove qualifying military service.

Paper Reduction Act Notice.

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. This collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Immigration and Naturalization Service, HQPDI, 425 I Street N.W., Room 4034, Washington, DC 20536; OMB No. 1115-0022. **DO NOT MAIL YOUR COMPLETED APPLICATION TO THIS ADDRESS.**

U.S. Department of Justice
Immigration and Naturalization Service

**Request for Certification of
Military or Naval Service**

ALIEN REGISTRATION

NO. _____

DATE OF REQUEST

For use in connection with my petition for naturalization, please complete the certification of military service on the reverse and furnish it to the office of the Immigration and Naturalization Service shown in the address block below. The information shown below is furnished to help locate and identify my military records. **APPLICANT: FURNISH AS MUCH INFORMATION AS POSSIBLE. IF YOU WERE ISSUED A REPORT OF SEPARATION, DD FORM 214, ATTACH A COPY. FILL IN THE BLANKS ON THIS PAGE ONLY. PLEASE TYPE OR PRINT CLEARLY. PRESS FIRMLY--ALL COPIES MUST BE LEGIBLE. (DO NOT USE PENCIL) (SUBMIT IN TRIPLICATE)**

NAME USED DURING ACTIVE SERVICE (<i>Last, first, middle</i>)	SOCIAL SECURITY NO.	DATE OF BIRTH	PLACE OF BIRTH
--	---------------------	---------------	----------------

*For an effective records search, it is important that **ALL** periods of service be shown below. (Use blank sheet(s) if more space is needed.)*

ACTIVE SERVICE:

BRANCH OF SERVICE (<i>Show also last organization, if known.</i>)	DATE ENTERED ON ACTIVE DUTY	DATE RELEASED FROM ACTIVE DUTY	CHECK WHICH		SERVICE NUMBER DURING THIS PERIOD
			OFFICER	ENLISTED	

RESERVE OR NATIONAL GUARD SERVICE:

If none, check ☐ None

BRANCH OF SERVICE	CHECK WHICH		DATE MEMBERSHIP BEGAN	DATE MEMBERSHIP ENDED	CHECK WHICH		SERVICE NUMBER DURING THIS PERIOD
	RESERVE	N. GUARD			OFFICER	ENLISTED	

ARE YOU A MILITARY RETIREE OR FLEET RESERVIST? ☐ No ☐ Yes

SIGNATURE (*Present Name*)PRESENT ADDRESS (*Number, Street, City, State and ZIP Code*)**INSTRUCTIONS TO CERTIFYING OFFICER**

Persons who are serving or have served honorably under specified conditions in the armed forces of the United States, inclusive of the reserve components of the armed forces of the United States, are granted certain exemptions from the general requirements for naturalization. The law requires such service to be established by a duly authenticated copy of the records of the executive department having custody of the record of service, showing whether the serviceman served honorably in an active-duty status, a reserve-duty status, or both, and whether each separation from the service was under honorable conditions. For that purpose, the certified statement on the reverse of this form, executed under the seal of your department, is required and should cover not only the period(s) of service shown above, but any other periods of service (active, reserve, or both) rendered by the serviceman/woman.

The reverse of this form should be completed, or the information called for furnished by separate letter, and the form and letter returned to the office of the Immigration and Naturalization Service at the address in the box immediately below.

Immigration and Naturalization Service

**RETURN TO**

*Please type
or print
complete
return
address
Include
ZIP code.*

APPLICANT: DO NOT FILL OUT THIS PAGE

CERTIFICATION OF MILITARY OR NAVAL SERVICE

☐ Name correctly shown on front of form.

☐ Name as shown in records: _____

ACTIVE SERVICE

1. ENTERED SERVICE AT	2. ON	3. SERVED TO	4. BRANCH OF SERVICE	5. STATE WHETHER SERVING HONORABLY. IF SEPARATED, STATE WHETHER UNDER HONORABLE CONDITIONS. IF OTHER THAN HONORABLE, GIVE FULL DETAILS. ALWAYS COMPLETE ITEM 11.

RESERVE OR NATIONAL GUARD SERVICE

6. BRANCH OF SERVICE	7. CHECK WHICH		8. BEGAN	9. ENDED	10. STATE WHETHER SERVING HONORABLY. IF SEPARATED, STATE WHETHER UNDER HONORABLE CONDITIONS. IF OTHER THAN HONORABLE, GIVE FULL DETAILS. ALWAYS COMPLETE ITEM 11.
	RESERVE	N. GUARD			

11. STATEMENT REGARDING ALIENAGE. *(Complete this item on ALL cases.)*

☐ Record shows this person **WAS NOT** discharged on account of alienage.

☐ Record shows this person **WAS** discharged on account of alienage. Details: _____

12. REMARKS. Use for continuation of any of above items. You should also show in the space below any **DEROGATORY INFORMATION** in your records relating to the serviceman's character, loyalty to the United States, disciplinary actions, convictions or other matters touching on his fitness for citizenship.

Complete this block if subject is a "Lodge Act enlistee" - 64 Stat. 316 (Army). Subsequent to enlistment under Lodge Act on _____, subject entered _____ (the United States, American Samoa, Swains Island, or _____ at the port of _____ the Canal Zone) pursuant to Military orders _____ via _____

I CERTIFY that the information here given concerning the service of the person named on the face of this form according to the records of _____
(Name of department or organization)

[SEAL] _____ (Official Signature)

Date _____, _____ By _____

U.S. Department of Justice
Immigration and Naturalization Service

**Request for Certification of
Military or Naval Service**

ALIEN REGISTRATION
NO. _____


DATE OF REQUEST

For use in connection with my petition for naturalization, please complete the certification of military service on the reverse and furnish it to the office of the Immigration and Naturalization Service shown in the address block below. The information shown below is furnished to help locate and identify my military records. **APPLICANT: FURNISH AS MUCH INFORMATION AS POSSIBLE. IF YOU WERE ISSUED A REPORT OF SEPARATION, DD FORM 214, ATTACH A COPY. FILL IN THE BLANKS ON THIS PAGE ONLY. PLEASE TYPE OR PRINT CLEARLY. PRESS FIRMLY--ALL COPIES MUST BE LEGIBLE. (DO NOT USE PENCIL) (SUBMIT IN TRIPLICATE)**

NAME USED DURING ACTIVE SERVICE (<i>Last, first, middle</i>)	SOCIAL SECURITY NO.	DATE OF BIRTH	PLACE OF BIRTH
--	---------------------	---------------	----------------

*For an effective records search, it is important that **ALL** periods of service be shown below. (Use blank sheet(s) if more space is needed.)*

ACTIVE SERVICE:					
BRANCH OF SERVICE (<i>Show also last organization, if known.</i>)	DATE ENTERED ON ACTIVE DUTY	DATE RELEASED FROM ACTIVE DUTY	CHECK WHICH		SERVICE NUMBER DURING THIS PERIOD
			OFFICER	ENLISTED	

RESERVE OR NATIONAL GUARD SERVICE: 			If none, check <input type="checkbox"/> None				
BRANCH OF SERVICE	CHECK WHICH		DATE MEMBERSHIP BEGAN	DATE MEMBERSHIP ENDED	CHECK WHICH		SERVICE NUMBER DURING THIS PERIOD
	RESERVE	N GUARD			OFFICER	ENLISTED	

ARE YOU A MILITARY RETIREE OR FLEET RESERVIST?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
SIGNATURE (<i>Present Name</i>)	PRESENT ADDRESS (<i>Number, Street, City, State and ZIP Code</i>)	

INSTRUCTIONS TO CERTIFYING OFFICER

Persons who are serving or have served honorably under specified conditions in the armed forces of the United States, inclusive of the reserve components of the armed forces of the United States, are granted certain exemptions from the general requirements for naturalization. The law requires such service to be established by a duly authenticated copy of the records of the executive department having custody of the record of service, showing whether the serviceman served honorably in an active-duty status, a reserve-duty status, or both, and whether each separation from the service was under honorable conditions. For that purpose, the certified statement on the reverse of this form, executed under the seal of your department, is required and should cover not only the period(s) of service shown above, but any other periods of service (active, reserve, or both) rendered by the serviceman/woman.

The reverse of this form should be completed, or the information called for furnished by separate letter, and the form and letter returned to the office of the Immigration and Naturalization Service at the address in the box immediately below.

Immigration and Naturalization Service



RETURN TO

*Please type
or print
complete
return
address
Include
ZIP code.*

APPLICANT: DO NOT FILL OUT THIS PAGE

CERTIFICATION OF MILITARY OR NAVAL SERVICE

☐ Name correctly shown on front of form.

☐ Name as shown in records: _____

ACTIVE SERVICE

1. ENTERED SERVICE AT	2. ON	3. SERVED TO	4. BRANCH OF SERVICE	5. STATE WHETHER SERVING HONORABLY. IF SEPARATED, STATE WHETHER UNDER HONORABLE CONDITIONS. IF OTHER THAN HONORABLE, GIVE FULL DETAILS. ALWAYS COMPLETE ITEM 11.

RESERVE OR NATIONAL GUARD SERVICE

6. BRANCH OF SERVICE	7. CHECK WHICH		8. BEGAN	9. ENDED	10. STATE WHETHER SERVING HONORABLY. IF SEPARATED, STATE WHETHER UNDER HONORABLE CONDITIONS. IF OTHER THAN HONORABLE, GIVE FULL DETAILS. ALWAYS COMPLETE ITEM 11.
	RESERVE	N. GUARD			

11. STATEMENT REGARDING ALIENAGE. *(Complete this item on ALL cases.)*

☐ Record shows this person **WAS NOT** discharged on account of alienage.

☐ Record shows this person **WAS** discharged on account of alienage. Details: _____

12. REMARKS. Use for continuation of any of above items. You should also show in the space below any **DEROGATORY INFORMATION** in your records relating to the serviceman's character, loyalty to the United States, disciplinary actions, convictions or other matters touching on his fitness for citizenship.

Complete this block if subject is a "Lodge Act enlistee" - 64 Stat. 316 (Army). Subsequent to enlistment under Lodge Act on _____, subject entered _____ (the United States, American Samoa, Swains Island, or _____ at the port of _____ the Canal Zone) pursuant to Military orders _____ via _____

I CERTIFY that the information here given concerning the service of the person named on the face of this form according to the records of _____
(Name of department or organization)

[SEAL] (Official Signature) _____

Date _____, _____ By _____

U.S. Department of Justice
Immigration and Naturalization Service

**Request for Certification of
Military or Naval Service**

ALIEN REGISTRATION
NO. _____


DATE OF REQUEST

For use in connection with my petition for naturalization, please complete the certification of military service on the reverse and furnish it to the office of the Immigration and Naturalization Service shown in the address block below. The information shown below is furnished to help locate and identify my military records. **APPLICANT: FURNISH AS MUCH INFORMATION AS POSSIBLE. IF YOU WERE ISSUED A REPORT OF SEPARATION, DD FORM 214, ATTACH A COPY. FILL IN THE BLANKS ON THIS PAGE ONLY. PLEASE TYPE OR PRINT CLEARLY. PRESS FIRMLY--ALL COPIES MUST BE LEGIBLE. (DO NOT USE PENCIL) (SUBMIT IN TRIPLICATE)**

NAME USED DURING ACTIVE SERVICE (<i>Last, first, middle</i>)	SOCIAL SECURITY NO.	DATE OF BIRTH	PLACE OF BIRTH
--	---------------------	---------------	----------------

*For an effective records search, it is important that **ALL** periods of service be shown below. (Use blank sheet(s) if more space is needed.)*

ACTIVE SERVICE:					
BRANCH OF SERVICE (<i>Show also last organization, if known.</i>)	DATE ENTERED ON ACTIVE DUTY	DATE RELEASED FROM ACTIVE DUTY	CHECK WHICH		SERVICE NUMBER DURING THIS PERIOD
			OFFICER	ENLISTED	

RESERVE OR NATIONAL GUARD SERVICE: 			If none, check <input type="checkbox"/> None				
BRANCH OF SERVICE	CHECK WHICH		DATE MEMBERSHIP BEGAN	DATE MEMBERSHIP ENDED	CHECK WHICH		SERVICE NUMBER DURING THIS PERIOD
	RESERVE	N. GUARD			OFFICER	ENLISTED	

ARE YOU A MILITARY RETIREE OR FLEET RESERVIST? <input type="checkbox"/> No <input type="checkbox"/> Yes	
SIGNATURE (<i>Present Name</i>)	PRESENT ADDRESS (<i>Number, Street, City, State and ZIP Code</i>)

INSTRUCTIONS TO CERTIFYING OFFICER

Persons who are serving or have served honorably under specified conditions in the armed forces of the United States, inclusive of the reserve components of the armed forces of the United States, are granted certain exemptions from the general requirements for naturalization. The law requires such service to be established by a duly authenticated copy of the records of the executive department having custody of the record of service, showing whether the serviceman served honorably in an active-duty status, a reserve-duty status, or both, and whether each separation from the service was under honorable conditions. For that purpose, the certified statement on the reverse of this form, executed under the seal of your department, is required and should cover not only the period(s) of service shown above, but any other periods of service (active, reserve, or both) rendered by the serviceman/woman.

The reverse of this form should be completed, or the information called for furnished by separate letter, and the form and letter returned to the office of the Immigration and Naturalization Service at the address in the box immediately below.

Immigration and Naturalization Service



RETURN TO

*Please type
or print
complete
return
address
Include
ZIP code.*

APPLICANT: DO NOT FILL OUT THIS PAGE

CERTIFICATION OF MILITARY OR NAVAL SERVICE

☐ Name correctly shown on front of form.

☐ Name as shown in records: _____

ACTIVE SERVICE

1. ENTERED SERVICE AT	2. ON	3. SERVED TO	4. BRANCH OF SERVICE	5. STATE WHETHER SERVING HONORABLY. IF SEPARATED, STATE WHETHER UNDER HONORABLE CONDITIONS. IF OTHER THAN HONORABLE, GIVE FULL DETAILS. ALWAYS COMPLETE ITEM 11.

RESERVE OR NATIONAL GUARD SERVICE

6. BRANCH OF SERVICE	7. CHECK WHICH		8. BEGAN	9. ENDED	10. STATE WHETHER SERVING HONORABLY. IF SEPARATED, STATE WHETHER UNDER HONORABLE CONDITIONS. IF OTHER THAN HONORABLE, GIVE FULL DETAILS. ALWAYS COMPLETE ITEM 11.
	RESERVE	N. GUARD			

11. STATEMENT REGARDING ALIENAGE. *(Complete this item on ALL cases.)*

☐ Record shows this person **WAS NOT** discharged on account of alienage.

☐ Record shows this person **WAS** discharged on account of alienage. Details: _____

12. REMARKS. Use for continuation of any of above items. You should also show in the space below any **DEROGATORY INFORMATION** in your records relating to the serviceman's character, loyalty to the United States, disciplinary actions, convictions or other matters touching on his fitness for citizenship.

Complete this block if subject is a "Lodge Act enlistee" - 64 Stat. 316 (Army). Subsequent to enlistment under Lodge Act on _____, subject entered _____ (the United States, American Samoa, Swains Island, or _____ at the port of _____ the Canal Zone) pursuant to Military orders _____ via _____

I CERTIFY that the information here given concerning the service of the person named on the face of this form according to the records of _____
(Name of department or organization)

[SEAL] (Official Signature) _____

Date _____, _____ By _____